



STATE OF MARYLAND

# DHMH

**Maryland Department of Health and Mental Hygiene**  
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## August 15, 2008

### Public Health & Emergency Preparedness Bulletin: # 2008:32

### Reporting for the week ending 08/09/08 (MMWR Week #32)

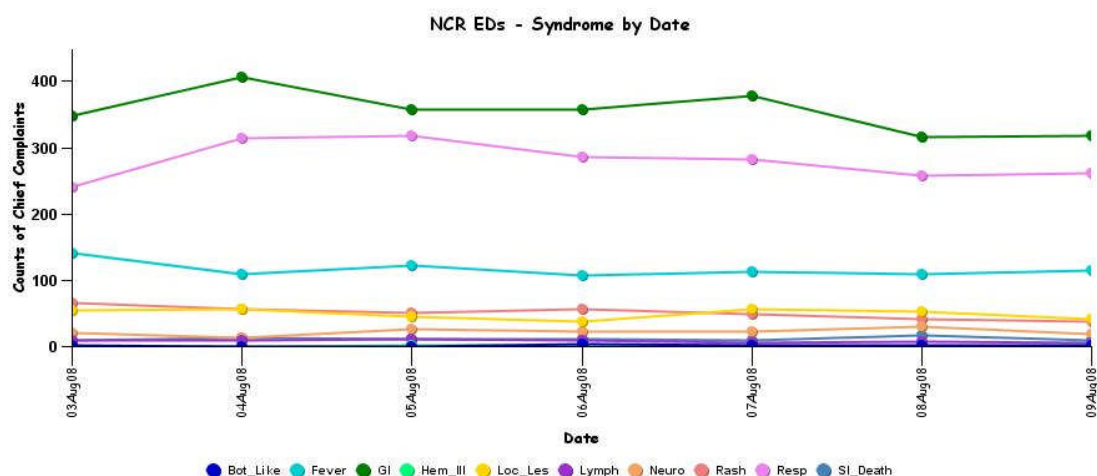
#### CURRENT HOMELAND SECURITY THREAT LEVELS

**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

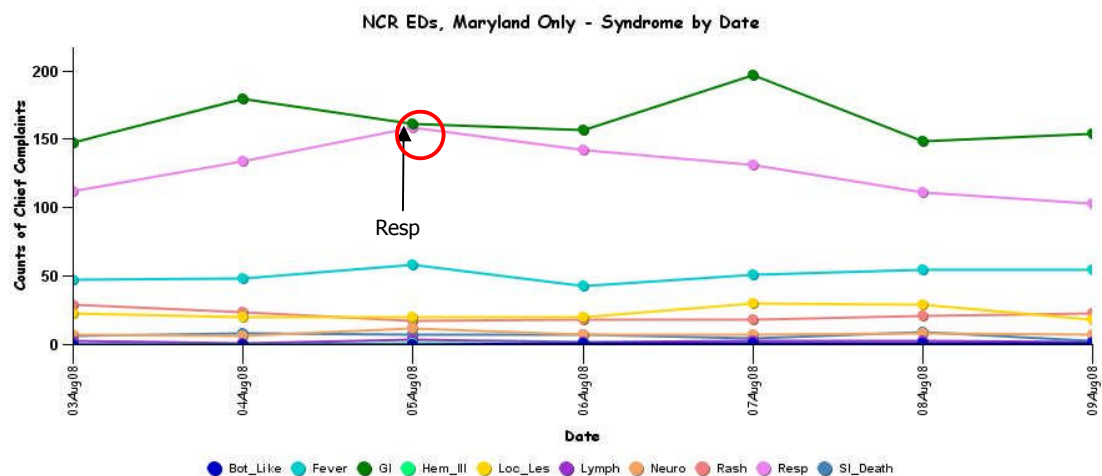
#### SYNDROMIC SURVEILLANCE REPORTS

**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**  
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

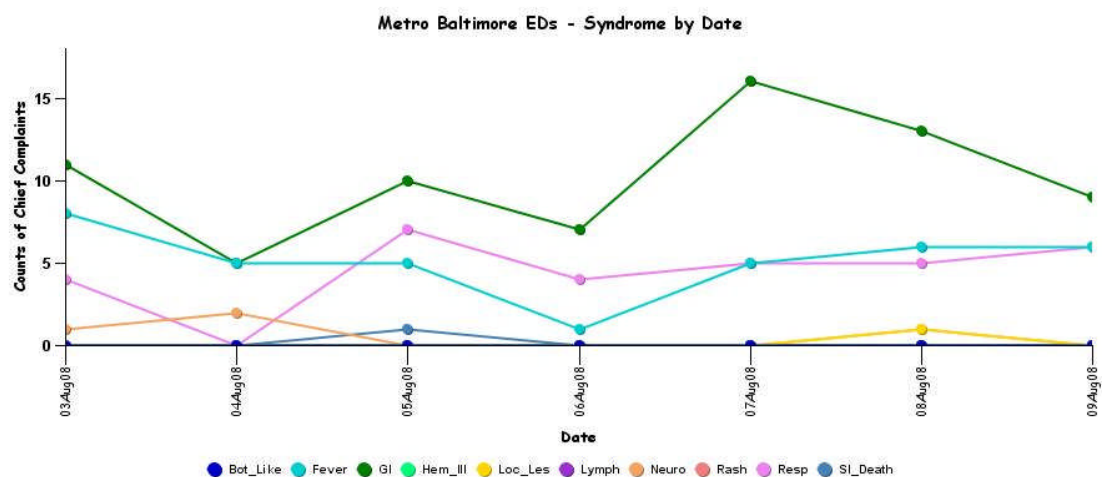
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system



\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system

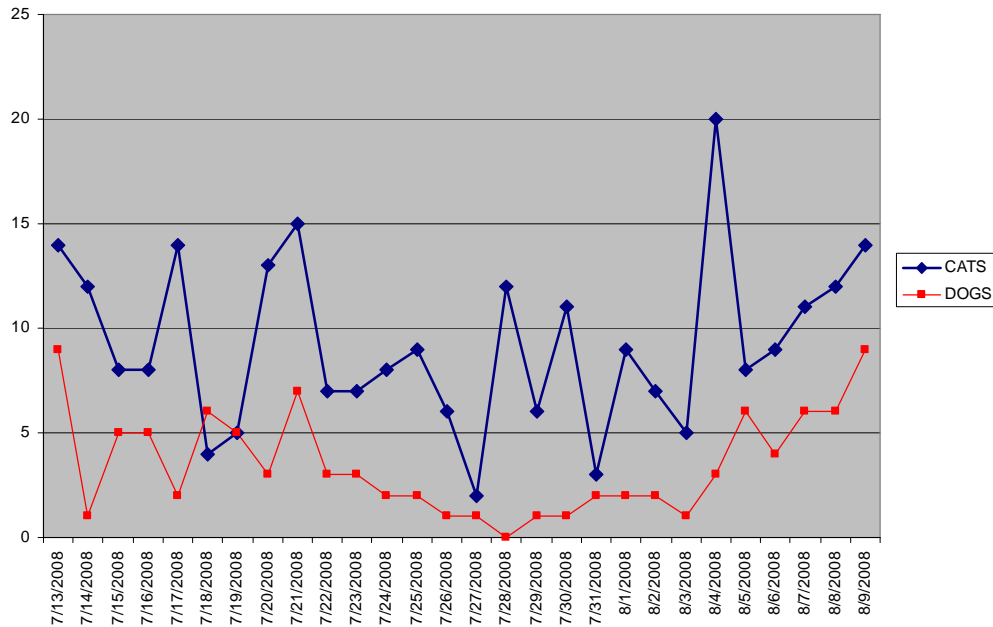


**\*\*NOTE: Not all data for Metro Baltimore hospitals was available for MMWR Week 32, due to technical issues that are being addressed\*\***

\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

**Dead Animal Pick-Up Calls to 311**

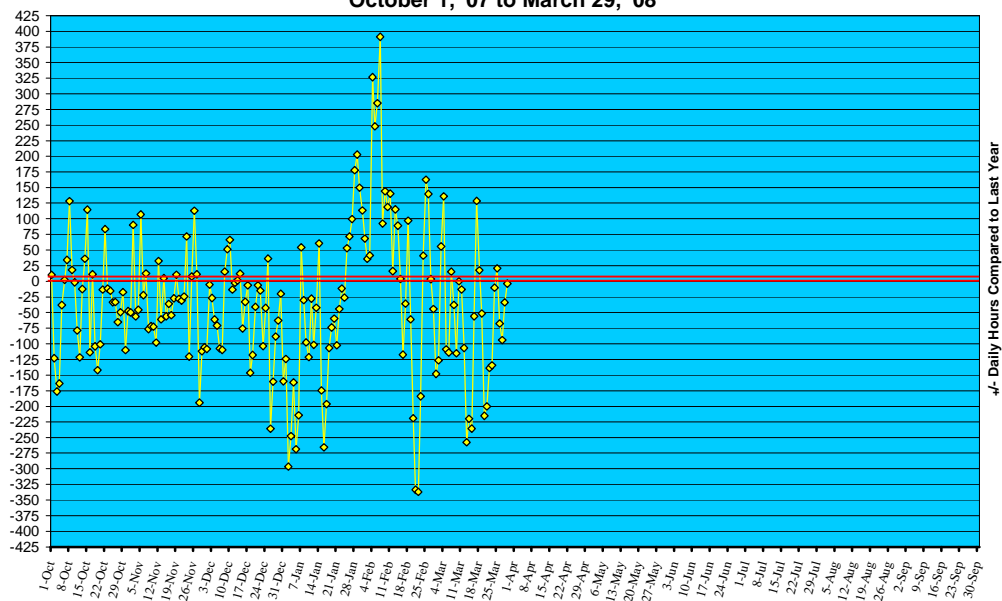


## **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/06.

\*Note: No new data available at this time.

**Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '07 to March 29, '08**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in June 2008 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (Aug 3 – 9, 2008):	22	0
Prior week (July 27 – Aug 2, 2008):	22	0
Week#32, 2007 (Aug 5 - 11, 2007):	14	0

**OUTBREAKS:** 2 outbreaks were reported to DHMH during MMWR Week 32 (August 3-August 9, 2008):

#### **1 Foodborne outbreak**

1 outbreak of SCOMBROID POISONING associated with a Restaurant

#### **1 Respiratory illness outbreak**

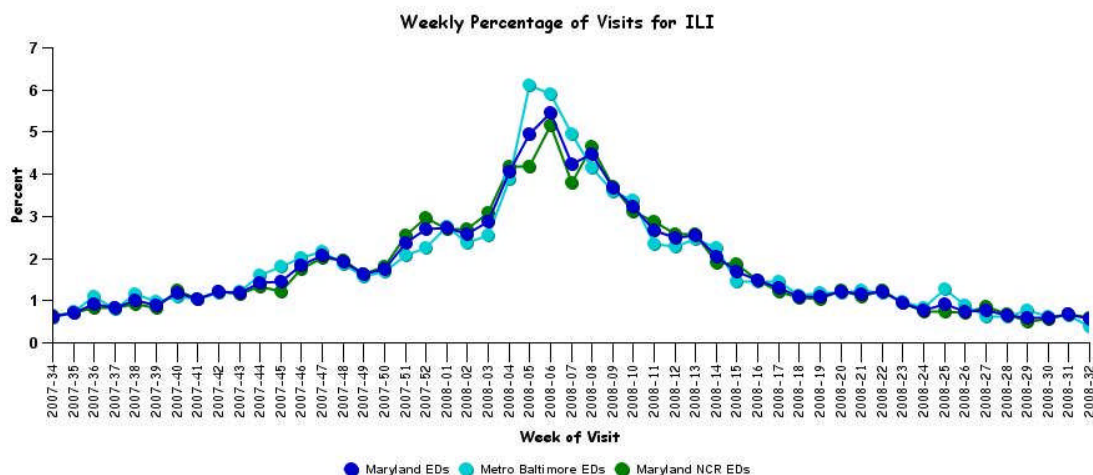
1 outbreak of LEGIONNAIRE'S DISEASE associated with a Community

## **MARYLAND SEASONAL FLU STATUS:**

Seasonal Influenza reporting occurs October through May.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:**

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

**WHO update:** As of June 19, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 385, of which 243 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

**AVIAN INFLUENZA, HUMAN (Indonesia):** 03 Aug 2008, An Indonesian factory worker died of bird flu, bringing the death toll in the country worst hit by the virus to 112, a top health official said Sunday 03 Aug 2008. The 19-year-old died last week in a hospital just west of the capital, Jakarta, Nyoman Kandun, the director general of communicable disease control at the Health Ministry, said by text message. He gave no additional information. Indonesia has regularly recorded human deaths from bird flu since the virus began ravaging poultry stocks across Asia in 2003. Its toll of 112 accounts for nearly half the 240 recorded fatalities worldwide.

**AVIAN INFLUENZA, HUMAN, SUSPECTED (India):** 03 Aug 2008, The eastern Indian state of West Bengal is currently undergoing its 3rd outbreak of bird flu since 2006, and more than 100,000 birds have already died from the disease. In an attempt to contain the outbreak, the government has ordered 2 million ducks and chickens killed. According to the animal resources minister for West Bengal, Anisur Rahaman, the state is "determined to cull all poultry in the districts in 3 or 4 days, otherwise the state will face a disaster." Five people experiencing clinical symptoms of bird flu, including cough, fever, muscle ache and sore throat, have been quarantined and are undergoing tests. Health officials are also analyzing blood samples from another 150 people who reported fever symptoms. Authorities' efforts to cull poultry in West Bengal have been hampered by a lack of local cooperation, with villagers smuggling birds out of cull zones and selling them. The sudden glut of smuggled birds on the market has caused the price of chicken to fall from 60 rupees per kilogram to 20. Experts in neighboring Bangladesh warned that their government is suppressing news of the current outbreak. "Bird flu is now everywhere," said M. M. Khan of the Bangladesh Poultry Association. "Every day we have reports of birds dying in farms. Things are now very, very serious, and public health is under danger. The government is trying to suppress the whole scenario."

**AVIAN INFLUENZA, HUMAN (Indonesia):** 06 Aug 2008, Three people have died, and 13 have been admitted to hospital with symptoms of bird flu in Indonesia, a nurse treating the patients said Wednesday 06 Aug 2008. Officials and residents in Asahan district of North Sumatra province said villagers began showing symptoms of avian flu after a large number of chickens died suddenly last week. The nurse at Asahan district's Kisaran hospital said 3 people had died after suffering bird flu-like symptoms in Air Batu village. "According to residents there, a number of chickens died suddenly last week followed by several pigeons. Days later, 3 people died with the same ailments," the nurse, told AFP. Another 13 people had been admitted to the hospital with "high temperatures and respiratory problems," she said. Two of these, a baby boy and a 7-year-old girl, were transferred early Wednesday to a bird flu isolation unit at Adam Malik hospital in the provincial capital of Medan, officials said. Adam Malik hospital spokesman Sinar Ginting confirmed that blood samples from the 2 children were sent to a health ministry laboratory in Jakarta for analysis. "We are now waiting for the result," he said. The father of the baby boy said a lot of poultry had died in the village a week ago. His baby developed a high fever and respiratory problems shortly afterward.

## **NATIONAL DISEASE REPORTS:**

**E. COLI O157 (Massachusetts):** 06 Aug 2008, Massachusetts officials announced 04 Aug 2008 that they were investigating 6 E. coli O157:H7 illnesses that are linked to a multistate outbreak. The Massachusetts Department of Public Health (MDPH) said in a press release that it has not yet identified the source of the patients' infections but suspects contaminated ground beef. The cases were linked to a multistate outbreak through PulseNet, an electronic network for sharing molecular fingerprinting data. "These cases may be linked to 20 other cases in several states and Quebec that were caused by the same strain of E. coli," the release states. But it was not clear if the statement referred to a recent 7-state outbreak that has been tied to ground beef sold at Kroger retail stores. That outbreak involved 49 cases in 7 states, according to the CDC's last update on 18 Jul 2008. The outbreak also prompted a 30 Jun 2008 recall of 531,000 pounds of ground-beef components by Omaha-based Nebraska Beef Ltd. Three days later the company expanded the recall to 5.3 million pounds. The USDA is working with state officials to determine the cause of the Massachusetts cases, and authorities collected several ground beef samples from stores and will conduct tests this week, according to the MDPH. The MDPH said patients range in age from 3 to 60 years old and are from 3 counties. They reported becoming ill between 10-16 Jul 2008 and at least 5 patients were hospitalized. No deaths have been reported. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**E. COLI O157 (Virginia):** 06 Aug 2008, The Virginia Department of Health (VDH) reported on 31 Jul 2008 that it was investigating an E. coli outbreak in one of the nation's largest Boy Scout camps, located in Goshen near the Blue Ridge Mountains. In an update on 05 Aug 2008, the VDH said that 73 Scouts have reported illness since attending the camp, and E. coli O157:H7 infections have been confirmed in 21; 8 Scouts have been hospitalized. Dr Karen Remley, Virginia's health commissioner, said in the statement that the majority of the sick boys are from northern Virginia, but Scouts attending the camp came from other areas in the state as well as Maryland, the District of Columbia, and possibly other states. Diane Woolard, an epidemiologist with the VDH, told CIDRAP News that laboratory studies haven't yielded any evidence that the strain responsible for the cluster of Virginia illnesses matches the 7-state outbreak. The VDH said samples of raw ground beef from the camp have tested positive for an E. coli O157:H7 strain that matches some of the sick patients, the Associated Press reported on 5 Aug 2008. However, Woolard said officials are looking at all possible exposures and are awaiting the results of full epidemiologic and laboratory studies. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**EASTERN EQUINE ENCEPHALITIS, EQUINE (Tennessee):** 06 Aug 2008, State officials say Tennessee's first confirmed case of eastern equine encephalitis (EEE) this year has been reported. The state departments of Agriculture and Health are urging horse owners to protect the animals from mosquitoes and to review vaccination records for the encephalitis and other mosquito-borne diseases including West Nile virus. State veterinarian Ron Wilson said outbreaks of viral encephalitis in horses are a seasonal occurrence due to the prevalence of mosquitoes in late summer and early fall. Several states have reported cases of EEE in horses this season. Tennessee's first confirmed case of 2008 was reported last week in Carroll County. The disease can kill up to 90 percent of the horses infected with the virus. Humans cannot contract these viral infections directly from infected horses. Wilson said horse owners should be aware of signs of EEE and consult veterinarians if a horse develops signs associated with this group of diseases. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**NOROVIRUS, WEDDING RECEPTION (Minnesota):** 07 Aug 2008, More than 20 people at a Rochester wedding reception got sick after eating chips Friday night 01 Aug 2008 that were contaminated with norovirus, possibly from fecal matter. "Initial reports came through from a member of the wedding party itself, indicating a number of people being ill," said Kari Etrheim, public information officer for Olmsted County Public Health. The illness spread after an infected guest grabbed handfuls of chips at the reception hall, Etrheim said. "Most likely, the chips were contaminated from someone in the party," epidemiologist Larry Edmonson said. The chips were "statistically implicated," he said. Anyone who ate chips before the infected guest escaped unscathed. But those who ate them afterward unknowingly risked illness. The first call about the wedding reception at the Rochester Eagles Club was received at around 3:30 p.m. Monday 04 Aug 2008. By 6 p.m., at least 8 public-health experts were investigating. "I think we conducted 74 interviews Monday evening; it's much easier when you're given a list of people who were there," Etrheim said. Symptoms of foodborne illness typically show up 36 to 48 hours after exposure, she said. Because of quick response, cooperation and a contained outbreak, it's unlikely others will become ill, health officials said. It's a reminder of the value of a basic lesson school kids learn: wash your hands. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**LA CROSSE ENCEPHALITIS (Louisiana):** 08 Aug 2008, A Rapides Parish teenager has been diagnosed with a rare strain of encephalitis carried by mosquitoes, according to a report filed late Tuesday 05 Aug 2008 by the Louisiana Department of Health and Hospitals. The strain, called the La Crosse virus, was recently discovered in a 13-year-old currently under treatment for the disease, said state epidemiologist Dr Raoult Ratard. No further information about the Rapides teenager is being released by state officials, including the severity of the infection. The CDC reports that there are only about 70 cases of La Crosse virus contractions annually in the United States. "We have very few cases of this that are severe in Louisiana, sometimes it can just be simple meningitis," said Ratard. According to the CDC, the virus is carried by mosquitoes and is often transferred to humans from the insects biting woodland rodents, such as squirrels, and then biting people. Children under 16 are at a higher risk to contract the virus, especially if they live near a forest, the CDC reports. While the virus can cause seizures and, in rare cases, cause patients to slip into comas, the majority of infections are subclinical or result in mild illness. Death as a result of the La Crosse virus is rare, the CDC reports. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, BISON, CONTINUING DEATHS (Montana):** 08 Aug 2008, Naturally occurring anthrax on Ted Turner's Flying D Ranch has killed dozens of his bison and led workers to disinfect the ground, burn some of the carcasses in a boxcar-size incinerator, and bury others. Deaths rose to 175 bison on Thursday 07 Aug 2008, according to the Montana Department of Livestock, which said the mortality likely would taper off in a couple of days. The agency announced the outbreak last week. "It's just a day-by-day situation," Turner Enterprises spokesman Phillip Evans said Thursday from Atlanta, where Turner's media empire is based. Evans said there are just over 4000 bison on the ranch south of Bozeman. Turner raises bison on 14 of his 15 ranches in 7 states. With 45,000 of the animals, he has the nation's largest private bison herd, according to the website for Turner Enterprises. Bison meat from Turner's ranches is served at his Ted's Montana Grill restaurants. Any Flying D bison meat from slaughters just before the anthrax problem surfaced was not allowed to enter the food chain, said state epidemiologist Kammy Johnson. She added that meat from a sick animal would have to be insufficiently cooked to pose any potential food risk. The Montana Department of Fish, Wildlife and Parks said anthrax also was suspected in the death of a black bear on the ranch. Agency spokesman Ron Aasheim said wild animals there would be monitored to help determine whether there are other deaths possibly linked to anthrax. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**MULTISTATE OUTBREAK OF SALMONELLA SAINTPAUL INFECTIONS - UPDATE:** Since April, 1401 persons infected with Salmonella Saintpaul with the same genetic fingerprint have been identified in 43 states, the District of Columbia, and Canada. As of August 7, 2008, there are 39 persons identified as ill in Maryland. The outbreak strain *Salmonella* Saintpaul has been isolated twice from jalapeño peppers and once from serrano peppers. An FDA laboratory detected the outbreak strain in a sample of a serrano pepper and an agricultural water sample collected on a farm in Mexico that supplied peppers to the distribution center in McAllen, Texas. Results from the FDA laboratory therefore confirm that this outbreak was caused by at least two produce items, raw jalapeño and raw serrano peppers. Although tomatoes currently on the market are safe, raw tomatoes consumed early in the outbreak are still under investigation. FDA is advising consumers that they should avoid raw jalapeño peppers and raw serrano peppers and foods that contain them, if they were grown, harvested, or packed in Mexico. Jalapeño and serrano peppers grown in the United States are not connected with this outbreak. Commercially canned, pickled, and cooked jalapeño peppers are also not connected with the outbreak. FDA has indicated that tomatoes on the market today are safe to consume. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case **(See below for other resources)**

#### **INTERNATIONAL DISEASE REPORTS:**

**SALMONELLOSIS, SEROTYPE AGONA (United Kingdom, Ireland):** 05 Aug 2008, Food safety chiefs in Ireland and the UK have launched an investigation into a salmonellosis outbreak after 68 cases of the illness were reported since February 2008. The Health Protection Agency (HPA) said 60 people across England, Wales, and Northern Ireland had fallen victim to a strain of *Salmonella enterica* serotype Agona. Men were the most commonly affected accounting for 58 percent of the cases, while ages ranged from one to 79 years. The Food Safety Authority of Ireland (FSAI) confirmed 8 people contracted the infection, which causes diarrhea and vomiting, between the end of June and early July 2008. Both agencies are working to try and find the source of the outbreak. The Food Standards Agency in the UK said it would provide information to the public as soon as it becomes available. "We are aware of an outbreak of *Salmonella Agona* in the UK and Ireland and are working with the relevant agencies to investigate the source," a spokesman said. The FSAI warned shops and cafes providing ready-to-eat sandwiches to keep strict hygiene standards. It is understood its investigation is focusing on meat and poultry products and one company supplying catering ingredients has withdrawn its produce from the market as a precautionary measure. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, HUMAN (Kyrgyzstan):** 07 Aug 2008, The Kyrgyzstan Ministry of Emergency Situations reports that 6 people have been hospitalized in the district hospital with suspicion of anthrax. The hospital is located in Ala-Buka district of Jalal-Abad province, which is in the south of the republic. All the patients are from the same village. The Ministry of Emergency Situations also reported that 2 out of 7 patients from Ala-Buka district have been discharged and 3 other patients have been discharged from Aravanskaya district hospital. A few days earlier, an outbreak of anthrax was registered in another district of Kyrgyzstan, according to the news agency in the Ministry of Emergency Situations. According to officers of the Ministry, 3 persons were hospitalized in the infectious department of Kara-Kulja district hospital with suspicion of anthrax. All of them were inhabitants of the rural formation district Kara-Kulja. Three men aged 39, 46, and 50 years old are under medical supervision and waiting results of laboratory investigations. According to specialists at the Center of Quarantine & Especially Dangerous Infections of the Republic, anthrax was confirmed earlier in 21 inhabitants of the Osh and Jalalabad regions. One person died. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**CHIKUNGUNYA (Singapore):** 07 Aug 2008, The Ministry of Health (MOH) is carrying out active case detection at and around the site in Kranji Way arising from the latest cluster of 3 chikungunya cases reported on 02 Aug 2008. So far, our blood screening of 282 workers as of 05 Aug 2008 has detected 17 PCR-positive cases. These 17 cases have been admitted for isolation and treatment in the Communicable Diseases Centre (CDC) at Tan Tock Seng Hospital (TTSH). The total number of cases linked to Kranji Way currently stands at 20. Epidemiological investigations are still ongoing; however, preliminary investigations indicate that the Kranji Way cluster is due to local transmission. Since the notification of the first 3 cases, NEA officers have been conducting intensive mosquito control operations within the vicinity of the cases' workplace and residences and the areas that they frequent. More than 23 premises have been inspected in the Kranji Way area, and a total of 15 premises were found breeding the *Aedes* mosquito. Outdoor and indoor fogging of insecticide is also being carried out for all the premises checked. This intensive operation to seek out and remove any mosquito breeding habitats will continue. Besides the cluster in Kranji Way (20 cases), to date, a total of 54 confirmed cases of chikungunya fever were notified to MOH in 2008; 19 were local cases and 35 were imported cases. The Ministry advises persons who have traveled to Kranji Way recently and develop symptoms of chikungunya, which include fever, joint pain, and rashes, to consult their doctors. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

**UNDIAGNOSED PULMONARY DISEASE (India):** 07 Aug 2008, Uttarakhand's health department is alarmed after the death of a girl due to high fever and severe lung infection. Another girl has reported similar symptoms. The officials are suspecting the spread of a deadly hantavirus and these to be the first cases of the disease in India. Authorities at Mahant Indresh Hospital here said 2 girls, one from Dehradun and another from Tehri, were admitted some days ago with very high fever and severe infection in their lungs, both symptoms of hantavirus pulmonary syndrome (HPS). The patients were later shifted to Himalayan Institute Hospital at Jollygrant for better treatment after they complained of stomach

problems and difficulty in breathing. One of the girls later died, and the other is still battling for her life. Dr Ved Prakash, director of Mahant Indresh Hospital, told media persons that symptoms in both the girls indicated hantavirus infection. Taking note of the death, the health department sent a team of doctors to Mahant Indresh Hospital and the Himalayan Institute Hospital on Sunday 03 Aug 2008 to investigate and take blood samples from the surviving patient. "The blood samples would be sent to the National Institute of Virology, Pune and the National Institute for Communicable Diseases in New Delhi for confirmation. We can say whether the death was due to HPS only after we get the reports," said Dr G.C. Baunthiyal, CMO, Dehradun. Appealing to the public not to panic, health department officials have asked them to refrain from coming in close contact with rodents in their homes and work places as a safety measure. Health Minister Ramesh Pokhriyal Nishank stated that the department is keeping a close watch on the situation and has directed chief medical officers in all districts to keep track of any similar symptoms in their areas and notify the higher authorities immediately. To date, there has been no known case of HPS in India. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

#### **Investigation of Outbreak of Infections Caused by *Salmonella* Saintpaul**

Updated information on the recent outbreak of human *Salmonella* infections associated with consumption of raw tomatoes. (<http://www.cdc.gov/salmonella/saintpaul/>)

#### **Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008**

MMWR Recommendations and Reports. August 8, 2008. Vol 57 (RR07); 1-60.

This report updates the 2007 recommendations by CDC's Advisory Committee on Immunization Practices (ACIP) regarding the use of influenza vaccine and antiviral agents. The 2008 recommendations include new and updated information. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5707a1.htm>)

#### **Britain ranks flu pandemic among top threats**

A new report from the British government ranks pandemic influenza very high on the list of major security threats to the United Kingdom. The report, called the *National Risk Register*, is prepared by Britain's Cabinet Office. (<http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/aug0808pandemic.html>)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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